

North Carolina Department of Health and Human Services  
Division of Mental, Developmental Disabilities and Substance  
Abuse Services



2008 Annual Report

Review

Of the

North Carolina Department of Correction  
Division of Alcoholism and Chemical Dependency Programs  
Division of Prisons – Health Services  
Mental Health Section

General Statute 148-19 (d)

North Carolina Department of Health and Human Services

## **TABLE OF CONTENTS**

- I. Introduction
- II. Historical Overview of MH/DD/SA Services in the Division of Prisons
- III. Overview of Current MH/DD/SA Services in the Division of Prisons
- IV. Review Process and Methodology
- V. Findings Related to Mental Health Services for Inmates
- VI. Findings Related to Services for Inmates with Developmental Disabilities and/or Mental Retardation
- VII. Findings Related to Substance Abuse Services for Inmates
- VIII. The Division of Prison's Accomplishments in Regards to MH/DD/SA Services
- IX. Recommendations for Improvement of MH/DD/SA Services within the Division of Prison
- X. Appendices

Appendix A - Overview of Prison Facility Mental Health Grade(s) in North Carolina

Appendix B - CARF 2008 Behavioral Health Standards

Appendix C - Substance Abuse Services 2008 Audit Tool General Benchmarks

Appendix D - Overview of Areas Out-of-Compliance for Craggy and North Piedmont According to the 2008 Substance Abuse Services Prison Review Tools

Appendix E - 2008 Prison Review – Mental Health Programs Reviewed by Facility

**2008 Annual Report Review of the North Carolina Department of Correction,  
Division of Alcoholism and Chemical Dependency Programs,  
Division of Prisons – Health Services, Mental Health Section**

## **I. Introduction**

General Statute 148-19 (d) requires the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (MH/DD/SAS) through the Department of Health and Human Services (DHHS) to monitor the implementation of The Commission for Mental Health and Substance Abuse Standards within the Department of Corrections.

## **II. Historical Overview of MH/DD/SA Services in the Division of Prisons**

The North Carolina Department of Correction (DOC) has the responsibility for delivering comprehensive mental health, developmental disabilities and substance abuse services (MH/DD/SAS) which provide for the care and treatment of inmates. Over the years, the DOC has expanded the mental health, developmental disabilities and substance abuse services available to inmates. Mental health services were first provided for inmates in the DOC in 1965; and the first mental health ward was established at Central Prison in 1973. In 1985, a North Carolina Legislative Research Commission reported that over 67% of criminal offenses were directly connected to alcohol and drug use and found that treating addiction was imperative since most offenders will eventually leave prison. For this reason, the Substance Abuse and Chemical Dependency Program (SACDP) was created by the Division of Alcoholism and Chemical Dependency Programs (DACDP). From this sprung the Drug Alcohol Recovery Treatment (DART) program in January of 1988 at Wayne Correctional Center. Since then, DART has provided an opportunity for offenders to engage in treatment and recovery. In 1991, the first residential sex offender treatment program was established at Harnett Correctional Institute. The DOC has also begun providing non-residential sexual offender treatment for inmates and follow-up services for inmates who complete the residential program and are transferred back to their original units. In 1997, a federal grant began funding in-prison, long-term Residential Substance Abuse Treatment programs (RSAT). In 2006-07, the RSAT programs at Morrison Correctional Institution, North Carolina Correctional Institution for Women (NCCIW), Western Youth and Rowan Correctional Center were converted from Federal to State funding.

## **III. Overview of Current MH/DD/SA Services in the Division of Prisons**

The DOC's stated mission for MH/DD/SAS is to deliver "multi-disciplinary services designed to prevent, control, reduce or eliminate those conditions which contribute to the inmate's mental impairment." Inmates can gain access to MH/DD/SAS through several avenues, such as during initial medical screenings at diagnostic centers or at any time during incarceration by inmate or prison staff request.

The mission of the Division DMH/DD/SAS is to provide people in North Carolina with, or at risk of, mental illness, developmental disabilities and substance abuse problems and their families the necessary prevention, intervention, treatment, services and supports they need to live successfully in their communities.

The vision of the DHHS is for all North Carolina residents with mental health, developmental, disabilities and substance abuse services needs to have prompt access to evidenced-based, culturally competent services in their community to support them in achieving their life goals.

## **Mental Health Services**

The DOC has established a systematic means to standardize the type of service and level of mental health (MH) care provided to inmates. Each facility is assigned a Mental Health Grade (M Grade), which determines the type of services the facility provides. The M Grades and definitions are as follows:

<b>Mental Health Grades</b>	
<b>M Grade</b>	<b>Definition</b>
1	No MH treatment provided; inmates needing MH services are transferred to a M2, M3, M4 or M5 facility, as appropriate.
2	Only outpatient treatment provided for mild mental illnesses by a psychologist or clinical social worker.
3	Only outpatient treatment provided for mild mental illnesses by a psychologist or clinical social worker; no limitations on work assignment.
4	Residential treatment provided; inmates transferring facilities or requesting major program changes must first be approved by MH staff.
5	Inpatient treatment provided; inmates transferring facilities or requesting major program changes must first be approved by MH staff.

See Appendix A for a chart that provides an overview of the M Grade(s) of each facility in the state. The available MH services fall into one of the following five categories:

- crisis/emergency
- prevention
- outpatient
- residential
- inpatient services

Crisis and emergency services are provided to inmates by the DOC. Most facilities have crisis services protocols in order to effectively handle a MH emergency. For instance, outpatient services assists with the management of suicidal or self-injurious inmates. Programs offering this service are required to have at least one staff member who will respond to an emergency twenty-four hours a day, seven days a week. The staff member on call can be reached immediately by a pager.

Prevention services are designed to use psycho-education to provide inmates with the tools necessary to prevent emergencies and to aid the inmate in adjusting to prison life.

Outpatient services range from assessment, evaluation and treatment of situational disorders to intensive management of serious and life-threatening mental illnesses. Treatment modalities include individual and group psychotherapy using a variety of theoretical systems, cognitive-behavioral therapies, psychotropic medication administration, psycho-educational training programs, and relapse prevention programs.

Residential services are provided at four facilities in the state. These facilities offer long-term services for inmates who have serious, chronic mental illnesses. Adult male felons are housed at the Eastern Correctional Facility, the Hoke Correctional Facility, or Foothills Correctional Facility. Youth offenders housed at Foothills, and female felon offenders reside at the North Carolina Correctional Institution for Women (NCCIW). Treatment and activity programming is analogous to that provided at state psychiatric hospitals and includes individual and group psychotherapy, psychotropic medications, activity therapies, mental illness education and relapse prevention training, and social skills training. Inmates who make satisfactory extended adjustment within the residential program but who continue to require frequent intervention by staff may be transferred into a day treatment program, which is for inmates with chronic, less severe mental illnesses. Those inmates who make a full recovery to pre-morbid levels of functioning may be transferred back to the original facility from which they were initially referred.

Inpatient services are provided for inmates who are acutely mentally ill. Male inmates are treated at Central Prison and females at NCCIW. Inpatient services include psychiatric and clinical services, psychotropic medications, individual and group psychotherapy, activity and rehabilitation therapy, and nursing services. Once the inmates' mental disorders are stabilized, they may be transferred back to their regular prison units for outpatient follow-up. Inmates requiring an intermediate level of inpatient care are transferred to a long-term residential facility. Some inmates with long-standing mental illness or developmental disabilities who require frequent intervention and programming but are able to function within the general prison population may be transferred to a day treatment program.

### **Services for Intellectual and Developmental Disabilities**

Many inmates are in prison because of diminished judgment and reasoning abilities. In some cases the inmates may be developmentally disabled (DD) or intellectually disadvantaged and require continual monitoring of assignments and structuring of all daily activities in order to function effectively and be able to re-enter society successfully. Treatment activities include individual and group psychotherapy, psychotropic medication education and administration, and training in various work assignments to keep inmates active and productive. Other services for inmates with DD include: specialized case management for mentally retarded and communications devices for those with needs for them.

Inmates identified at the diagnostic centers as developmentally disabled are referred to the Day Treatment Program at Pender Correctional Institution. The Pender Facility provides services to

inmates with developmental disabilities that are in need of a comprehensive assessment as well as social and vocational skill building prior to entering the regular population. Instruction is provided in the areas of Survival/ Social Skills, Horticulture/Grounds Maintenance, Compensatory/Adult Basic Education, Leisure Skills, and Vocational Skill Building. Inmates who demonstrate the ability to function within the regular population will be transitioned into the general population at the Pender Unit prior to being reassigned. The program is open-ended, allowing inmates to progress at their own rate. Those felt to be at risk in the regular population may remain at the Unit for the duration of their classification in medium custody. Inmates who have behavioral problems or are unable to function within regular units may be housed in the inpatient mental health unit at Central Prison or in the residential program located at the Eastern Correctional Facility, Hoke Correctional Facility, or Foothills Correctional Facility. Female offenders with similar needs are housed in the inpatient mental health program at NCCIW. Aftercare plans are developed for those inmates who need assistance transitioning back into the community. The Local Management Entities (LMEs) coordinate services for inmates returning to the area.

### **Substance Abuse Services**

The DACDP is one of four major divisions of the DOC. Its mission is to plan, administer and coordinate chemical dependency screening, assessment, intervention, treatment, aftercare and continuing care services for the department. DACDP has 215 staff members, (eight of whom are federally funded), including state-level administration, two district office teams, community-based DART-Cherry and prison-based program staff. The DACDP provides regular training and clinical supervision for clinical staff, encourages input from all staff as to program development, and is committed to activities aimed at leadership development for program and district management teams.

The DACDP promotes programming that reflects “best practices” for intervention and treatment, as established by the National Institute on Drug Abuse (NIDA). These programs are based on proven Cognitive-Behavioral Interventions and are designed to challenge criminal thinking and confront the abuse and addiction processes as identified by program participants. In addition, the DACDP provides information and education on traditional recovery resources available to inmates both while in prison and upon return to the community. In 2007, “A New Direction” (AND) curriculum was implemented by the DACDP SA Staff to all adult male programs with SA services. This is a workbook driven program emphasizing identification of destructive thinking patterns and replacement with constructive recovery-driven thoughts and actions. The program is a nationally recognized and standardized cognitive-behavioral module designed specifically for offenders. Full implementation and training of staff was done on the curriculum in time for the 2007 Reviews. Since then, the curriculums have extended to include other DACDP existing and new prison-based programs.

Treatment Assistants, formerly known as “Peer Counselors” are an integral part of the corrections-treatment design. Treatment Assistants have completed residential treatment, and have participated in the DACDP continuum of care program. After participating in the application process, Treatment Assistants attend an intensive 10-week training program at the Peer Development Center at Wayne Correctional Center. The 10-week training program is centered on the Treatment Assistant knowing and living three basic themes: (1) The Difference

between Alcoholics Anonymous and Narcotics Anonymous and the Professional Field of Alcoholism & Chemical Dependency; (2) the DACDP Model; and (3) What Is & How To Be An Effective Role Model. These three themes encompass the dynamics that Treatment Assistants encounter on their jobs.

Other unique DACDP treatment programs are the “Therapeutic Community” (TC), which views drug abuse as a disorder of the whole person. Treatment activities promote an understanding of criminal thinking in relation to substance abusing behavior and engage the offender in activities that encourage experiential and social learning. DART-Cherry is a community-based residential treatment program for male probation/parolees which provides treatment in three categories, brief intervention, intermediate and long-term treatment services established for male and female inmates within prison facilities. The DACDP Intervention-24 program is designed to provide 24 hours of content over a period of three to four days for inmates determined to be substance abusers but not chemically dependent, as indicated by a screening done during prison admission. Intermediate DACDP programs range from 35 to 180 days in thirteen (13) residential settings located in prisons across the state.

Within the DACDP, there are two types of long-term treatment programs: 1) Federally funded Residential Substance Abuse Treatment (RSAT) and 2) contractual private treatment facilities. Each is designed to treat the seriously addicted inmates. Treatment is scheduled at the end of the inmate’s sentence, usually within six to twelve months of their projected release. The RSAT long-term treatment programs replicate the TC model within the correctional environment. The DOC has contractual agreements with two private facilities, Evergreen Rehabilitation Center (male) and Mary Frances Center (females), for the provision of long-term residential treatment to inmates entering the final six to twelve months of incarceration.

### **Aftercare Planning**

The goal of cross-collaboration between service providers within the prison system and private providers is to provide a smooth transition for inmates when they re-enter the community. The process begins approximately six months prior to the inmate’s release when the inmate and, if appropriate, his/her family, a social worker and other members of the institutional treatment team completes an aftercare plan. An inmate’s mental health, medical care and other social service needs are assessed prior to release. A social worker then completes a form with referrals to relevant local service agencies in the community to which the individual will return. However, it is often difficult to determine a release date, and planning is sometimes a last minute effort on the part of staff involved with community interagency councils assisting in planning for the return of inmates to the community.

## **IV. Review Process and Methodology**

Currently, the Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services (the Commission) adopts standards for the delivery of MH and DD services to inmates in the custody of the DOC. In keeping with its statutory mandate, the Secretary of DHHS has delegated responsibility for monitoring to the DMH/DD/SAS.

Reviews of the MH and DD services of DOC were first conducted by the DHHS, MH/DD/SAS, in 1979. The review process has evolved from its inception nearly thirty years ago. In 2004, at the request of the DOC's Director of Mental Health Services, a decision was made to conduct reviews of inpatient and residential programs annually and to review outpatient services bi-annually. The selection process insures that all facilities are visited at least once every three years.

The Commission develops and maintains standards that enable rehabilitative programs to achieve accreditation. Beginning in late 2001, the Review Team from DMH/DD/SAS was asked to begin utilizing standards established by the Commission on Accreditation of Rehabilitation Facilities (CARF) as guidelines for its review of substance abuse services. Screenings, assessments and case planning are required components of a criminal justice treatment program under the CARF standards. According to their mission statement, CARF promotes the quality, value, and optimal outcomes of rehabilitative services. See Appendix B for a chart of the CARF Behavioral Health Standards. In 2004, the Review Team from DHHS, in collaboration with the DACDP, developed a compliance review instrument based on the CARF standard by which to review Substance Abuse Programs. The Review Team and the DACDP created a new monitoring tool for the 2008 SA reviews. The tool benchmarks are taken directly from the 2008 CARF Behavioral Health Standards Manual and are used to measure the SA programs' compliance rating. A general outline of the monitoring tool benchmarks can be found in Appendix D. While this tool is not a dramatic shift from the monitoring tools used in previous years, some of the SA programs slated for review in 2008 opted for additional time to prepare to meet the criteria.

The Review Team consists of two reviewers from the Assurance Unit of the Accountability Team of the DMH/DD/SAS and is assigned the responsibility of reviewing MH/DD/SAS within the DOC facilities. Prior to reviews, a courtesy phone call is made to the facility to discuss the agenda for the upcoming audit; this is followed by a fax containing the agreed upon agenda for the audit. The audits are three pronged and include:

- a systematic review of twenty randomly selected clinical records
- observation and tour of the interior and exterior grounds of the facility
- staff interviews

Individual facility reports are completed following each site review. The reports contain audit findings for the applicable standards and are submitted to the DOP for follow up. Copies of the individual reports and other documents referenced in this report are available upon request.

## **V. Findings as Related to Mental Health Services for Inmates**

In the 2008 surveys, 15 correctional facilities charged with providing mental health services to inmates were reviewed. The facilities reviewed were Alexander Correctional Institution, Avery-Mitchell Correctional Center, Brown Creek Correctional Institute, Central Prison, Harnett Correctional Institution, Johnston Correctional Institution, McCain Correctional Hospital, Mountain View Correctional Institution, North Carolina Correctional Institution for Women (NCCIW), North Piedmont Correctional Center for Women, Piedmont Correctional Institution, Polk Correctional Institution, Randolph Correctional Institute, Scotland Correctional Institution,



and Warren Correctional Institution. Some of these facilities had more than one MH program reviewed during 2008. A chart listing the programs reviewed by facility is located in Appendix E.

Appendix B provides a summary of the 2008 CARF Behavioral Health Standards which the DOP MH/DD/SAS have adopted as the criterion by which their programs are to be measured. The review information was obtained using a review instrument designed by the Accountability Team's Program Assurance Unit. The intent of the review instrument is to examine compliance with treatment standards. The Team reviewed 20 clinical records, which were chosen at random, at each facility reviewed. Values of 0 = not met, 1 = met and 9 = not applicable were assigned to each question on the monitoring instrument, and one monitoring tool was completed for each record reviewed. An average score was determined for each monitoring tool, and then all the instrument scores were averaged to obtain a total program compliance rating. The following chart lists the compliance rating system and the recommendations associated with each category:

<b>Compliance Rating Scale</b>		
<b>Compliance %</b>	<b>Compliance Met / Not Met</b>	<b>Recommendations</b>
0-69	Not Met	Corrections needed along with full CARF training
70-79	Partially Met	Full CARF training needed
80-90	Met with Suggestions	Reviewer suggestions and clinical core program CARF training recommended
91-100	Met	Continued CARF training recommended

The chart below lists the Compliance Rating for each MH program reviewed in 2008:

<b>Quantitative Summary of Facilities Reviewed for Mental Health Services</b>		
<b>Facility</b>	<b>Program</b>	<b>%</b>
Alexander Correctional Institution	Outpatient	100%%
Alexander Correctional Institution	Outpatient	100%
Alexander Correctional Institution	Residential	99%
Avery-Mitchell Correctional Center	Outpatient	100%
Brown Creek Correctional Institute	Outpatient	99%
Central Prison	Inpatient	98%
Central Prison	Outpatient	99%
Harnett Correctional Institution	Outpatient	100%
Johnston Correctional Institution	Outpatient	97%
McCain Correctional Hospital	Outpatient	95%
Mountain View Correction Institution	Outpatient	100%
North Carolina Correction Institution for Women	Outpatient	100%
North Piedmont Correctional Center for Women	Outpatient	100%
North Piedmont Correctional Center for Women	Residential	99%
Piedmont Correctional Institution	Outpatient	99%
Polk Correctional Institution	Outpatient	100%
Randolph Correctional Institute	Outpatient	99%
Scotland Correctional Institution	Outpatient	92%
Warren Correction Institution	Outpatient	98%

While compliance rating percentages give an overview of the state of MH services in the prison system for 2008, additional data was collected during the interview portion of the reviews that provides additional information as to the strengths and weakness of the MH programs.

As with the 2007 reviews, the data collected in 2008 suggests a continued trend of programs experiencing ongoing administrative and clinical vacancies. At the time of the reviews, 16 programs were short-staffed. Additionally, several facilities, such as the Johnston Correctional Institution and Central Prison, reported that high MH staff turnover and retention continue to be challenges. One staff member at Harnett Correctional Institution indicated that there is a 35% vacancy rate for psychologists throughout the North Carolina prison system. Staff at Warren Correctional Institution reported that they have transferred inmates to Johnston because they had insufficient psychological resources at their facility.

Even though the facilities reviewed are experiencing ongoing vacancies, the Review Team found a strong relationship between mental health, custody, and programs staff at most of the facilities. The Outpatient program at Johnston Correctional Institution reported that their staff maintains a strong relationship with their support staff, the DOC, and transportation as well as with Johnston Community College. The positive interactions between the Institution's program staff, mental health staff, and nursing staff help overcome the challenges created by vacant positions. All staff at the other facilities reviewed expressed overwhelmingly positive sentiments, with the exclusion of Warren Correctional Institution. The staff at Warren Correctional Institution reported that, prior to a recent MH position vacancy, the relationship between the Institution's program staff and mental health staff was strained; however, at the time of the review the facility administration on site views MH as merely an appendage now that the mission of the facility has changed to that of a work camp with few mental health inmates.

One additional aspect of MH Programs that the Review Team has been monitoring is the aftercare planning. While more information will continue to be gathered in the 2009 reviews, the 2008 reviews uncovered that release planning for sex offenders who are preparing to reenter the community is an ongoing struggle for some facilities, such as Central Prison and Polk Correctional Institution. However, the North Piedmont Correctional Institution's Outpatient Program considers their connection with local MH providers to be a strength that has contributed to only two inmates returning to the facility since 2006. NCCIW staff indicated that their release planning often involves connecting with the inmate's family, help with securing social security benefits and some medical aftercare; staff at NCCIW did express a need for an aftercare house suitable for inmates and a stronger reentry program located in the community. While the Review Team found that many of the facilities reviewed are making continued strides to provide solid aftercare planning for inmates, there are still many improvements that can and hopefully will occur in the future.

In the course of the MH reviews, the Review Team also toured the facilities and grounds and allowed staff the opportunity to discuss the adequacy of their current physical environment. Most of the facilities have adequate space or are experiencing ongoing construction which will eventually provide the space needed. Central Prison staff noted that the construction is a challenge but that they are working with program staff to overcome this barrier. A couple of the facility staff, specifically at the Alexander and Piedmont Correctional Institutions, indicated that

inadequate space continues to be an issue. In Alexander, the mental health staff reports that there is an ongoing problem finding sufficient space to send inmates in administrative or disciplinary segregation. The Review Team also found that space is a barrier for North Piedmont Correctional as confidentiality is sometimes compromised during MH treatment; Alexander staff expressed similar sentiment in regards to confidentiality for inmates in segregation. Overall, the staff at the facilities reviewed in 2008 experiencing space constraints maintain that they are doing their best to work with issues as they arise.

## **VI. Findings as Related to Services for Inmates with Intellectual and/or Developmental Disabilities**

The determination that an inmate meets the clinical criteria for development disabilities and/or mental retardation involves a process which uses several screening tools. Initially the psychologist in the processing center completes the DC 927: Evaluation Criteria for Persons with Developmental Disabilities. The DD Case Manager at the receiving facility completes the DC 532: Adaptive Behavioral Checklist (ABC) and the Social Worker completes the DC 925: DD Assessment. The DC 564: Mental Retardation Assessment and the DC 542: DD Orientation is completed within 30 days of admission to the facility.

Approximately 350 records were reviewed for MH programs in 2008. Five percent of those were DD inmates' records. The compliance ratings for these 18 records averaged 94%. The compliance rating for each record reviewed is outlined in the chart below:

<b>2008 Prison Reviews - DD Records Compliance Rating</b>			
<b>Facility Name</b>	<b>Program</b>	<b># of Records</b>	<b>Compliance Rating</b>
Alexander	Outpatient	1	100%
Alexander	Residential	2	98% & 98%
Harnett	Outpatient	1	100%
Johnston	Outpatient	2	84% & 98%
McCain	Outpatient	2	100% & 74%
Warren	Outpatient	2	92% & 87%
Avery-Mitchell	Outpatient	2	100% & 100%
Brown Creek	Outpatient	1	93%
Central	Outpatient	1	98%
Polk	Outpatient	2	100% & 98%
Randolph	Outpatient	1	100%
Mountain View	Outpatient	1	100%

The Review Team also confirmed in staff interviews that MR/DD inmates were seen by social workers per facility procedure requirements. The staff at Randolph Correctional Institution indicated that they have seen an increase in the number of DD inmates receiving MH services over the last few years. Johnston Correctional Institution staff, who stated that they have had up to 60 DD inmates on their active caseload, confirm this trend. Based on staff interviews and

reviews of the clinical records, the Review Team concludes that services for the developmentally disabled are provided in compliance with MH/DD/SAS Standards.

## **VII. Findings as Related to Substance Abuse Services for Inmates**

Six Substance Abuse Services Reviews were originally scheduled for 2008; however, only 2 reviews were completed. The remaining reviews were rescheduled by the DACDP for 2009 due to scheduling conflicts with the DOP and staffing shortages. The Craggy Correctional Center Intensive Outpatient Program and the North Piedmont Correctional Center for Women Outpatient Program volunteered to be reviewed as planned. Nineteen records were reviewed at each facility. A compliance rating of 78% was determined for Craggy and 70% for North Piedmont. Appendix D includes a chart that provides an Overview of Areas Out-of-Compliance for Craggy and North Piedmont according to the 2008 SAS Prison Review Tools. The individual facilities at which these reviews occurred have received feedback as to their performance; however, the Review Team cannot assemble an accurate overall picture of the Prisons' SAS based solely on the findings of two reviews. For this reason, the Review Team will provide more detailed feedback in the 2009 Annual Report after a more comprehensive review has been completed.

## **VIII. The Division of Prison and Division of Alcohol Chemical Dependency Programs Accomplishments in Regards to MH/DD/SA Services**

1. In January 2008, DACDP initiated A New Direction program at Albemarle Correctional, the Black Mountain Correctional Facility for Women in Swannanoa and the adolescent program at Western Youth Correctional Institution. The evidence-based substance abuse treatment curriculum offers comprehensive treatment protocols which inmates can use system wide.
2. The Division of Prison (DOP) Central Office, Mental Health Services staff and ten close custody facilities (Scotland, Bertie, Foothills, Pasquotank, Maury, Lanesboro, and Central Prison, North Carolina Correctional Institution for Women, Alexander and Marion) completed the Accreditation process with the American Correctional Association in 2008.

## **IX. Recommendations for Improvements of MH/DD/SA Services within the Division of Prison and Division of Alcohol Chemical Dependency Programs**

1. Increase cross-training and collaboration between DOC-staff, clinician, and private providers for the delivery of mental health services, and appropriate housing upon an inmate's release from the institution.
2. Correctional agencies need to establish procedures by which inmates with mental illnesses will have access to Medicaid immediately upon release.
3. Additional staff training is needed in regards to the CARF standards such as grievance procedures, client rights, appeals and confidentiality policies and procedures.

4. Data collected concerning MH/DD/SAS should include an analysis of the efficiency and effectiveness of clinical outcomes and how the data can be used to improve delivery of services.
5. The DACDP needs to implement or update program and policy descriptions to reflect the current methods of treatment and program operations.
6. DACDP need to require programs scoring less than 80% compliance to submit quarterly and annual progress reports describing their efforts to correct problems identified during the Annual Facilities Reviews. This reporting should continue until at least 80% compliance can be sustained.

## X. Appendices

### Appendix A - Overview of Prison Facility Mental Health Grade(s) in North Carolina

Facility M Grades by Region		
M Grade	Region	Facility
1	Central	Bladen Correctional Center
1	Central	Columbus Correctional Institution
1	Central	Durham Correctional Center
1	Central	Franklin Correctional Center
1	Central	Guilford Correctional Center
1	Central	Orange Correctional Center
1	Central	Sampson Correctional Institution
1	Central	Sanford Correctional Center
1	Central	Southern Minimum Unit
1	Central	Umstead Correctional Center
1	Central	Warren Minimum Unit
1	Eastern	Carteret Correctional Center
1	Eastern	Gates Correctional Center
1	Eastern	Hyde Correctional Center
1	Eastern	Pamlico Correctional Institution
1	Eastern	Pasquotank Correctional Institution
1	Eastern	Tyrrell Prison Work Farm
1	Eastern	Wayne Correctional Center
1	Eastern	Wilmington Residential Facility for Women
1	Western	Anson Correctional Center
1	Western	Buncombe Correctional Center
1	Western	Cabarrus Correctional Center
1	Western	Caldwell Correctional Center
1	Western	Catawba Correctional Center
1	Western	Charlotte Correctional Center
1	Western	Cleveland Correctional Center
1	Western	Davidson Correctional Center
1	Western	Forsyth Correctional Center
1	Western	Gaston Correctional Center
1	Western	Haywood Correctional Center
1	Western	Lincoln Correctional Center
1	Western	Rutherford Correctional Center
1	Western	Union Correctional Center
1	Western	Wilkes Correctional Center
2	Central	Caswell Correctional Center
2	Central	Dan River Prison Work Farm
2	Central	Hoke Correctional Institution
2	Central	Morrison Correctional Institution
2	Central	Robeson Correctional Center
2	Central	Scotland Correctional Institution
2	Central	Wake Correctional Center

Facility M Grades by Region, cont.		
M Grade	Region	Facility
2	Eastern	Caledonia Correctional Institution
2	Eastern	Odom Correctional Institution
2	Eastern	Pasquotank Correctional Institution
2	Eastern	Tillery Correctional Center
2	Western	Albemarle Correctional Institution
2	Western	Black Mountain Correctional Center for Women
2	Western	Brown Creek Correctional Institution
2	Western	Craggy Correctional Center
2	Western	Marion Correctional Institution
2	Western	Rowan Correctional Center
3	Central	Correctional Center for Women
3	Central	Harnett Correctional Institution
3	Central	Lumberton Correctional Institution
3	Central	McCain Correctional Hospital
3	Central	Polk Correctional Institution
3	Central	Raleigh Correctional Center for Women
3	Central	Randolph Correctional Center
3	Central	Southern Correctional Institution
3	Central	Warren Correctional Institution
3	Eastern	Craven Correctional Institution
3	Eastern	Duplin Correctional Center
3	Eastern	Fountain Correctional Center for Women
3	Eastern	Greene Correctional Institution
3	Eastern	Johnston Correctional Institution
3	Eastern	Nash Correctional Institution
3	Eastern	Neuse Correctional Institution
3	Eastern	New Hanover Correctional Center
3	Eastern	Pender Correctional Institution
3	Western	Avery-Mitchell Correctional Institution
3	Western	Correctional Center for Women
3	Western	Foothills Correctional Institution
3	Western	Lanesboro Correctional Institution
3	Western	Mountain View Correctional Institution
3	Western	North Piedmont Correctional Center for Women
3	Western	Piedmont Correctional Institution
3	Western	Western Youth Institution
4	Eastern	Maury Correctional Institution
4	Western	Alexander Correctional Institution
5	Central	Central Prison
5	Central	North Carolina Correctional Institution for Women

## Appendix B - CARF 2008 Behavioral Health Standards

<b>CARF 2008 Behavioral Health Standards</b>
<b>Section 1. ASPIRE to Excellence</b>
<b><i>Assess the Environment</i></b>
A. Leadership
B. Governance
<b><i>Set Strategy</i></b>
C. Strategic Integrated Planning
<b><i>Persons Served and Other Stakeholders - Obtain Input</i></b>
D. Input from Persons Served and Other Stakeholders
<b><i>Implement the Plan</i></b>
E. Legal Requirements
F. Financial Planning and Management
G. Risk Management
H. Health and Safety
I. Human Resources
J. Technology
K. Rights of Persons Served
L. Accessibility
<b><i>Review Results</i></b>
M. Information Measurement and Management
<b><i>Effective Change</i></b>
N. Performance Improvement
<b>Section 2. General Program Standards</b>
A. Program Structure and Staffing
B. Screening and Access to Services
C. Individual Plan
D. Transition/Discharge
E. Pharmacotherapy
F. Seclusion and Restraint
G. Records of the Persons Served
H. Quality Records Review
<b>Section 3. Behavioral Health Core Program Standards</b>
A. Assertive Community Treatment
B. Assessment and Referral
C. Case Management/Services Coordination
D. Community Housing
E. Community Integration
F. Crisis and Information Call Centers
G. Crisis Intervention
H. Crisis Stabilization
I. Day Treatment

<b>CARF 2008 Behavioral Health Standards, cont.</b>
<b>Section 3, cont.</b>
J. Detoxification
K. Drug Court Treatment
L. Employee Assistance
M. Inpatient Treatment
N. Integrated Behavioral Health/Primary Care
O. Intensive Family-Based Services
P. Intensive Outpatient Treatment
Q. Out-of-Home Treatment
R. Outpatient Treatment
S. Partial Hospitalization
T. Prevention/Diversion
U. Residential Treatment
V. Supported Living
W. Therapeutic Communities
<b>Section 4. Behavioral Health Specific Population Designation Standards</b>
A. Children and Adolescents
B. Consumer-Run
C. Criminal Justice
D. Juvenile Justice
E. Addictions Pharmacotherapy
<b>Section 5. Employment and Community Services</b>
A. Individual-Centered Service Planning, Design, and Delivery
B. Records of the Persons Served
C. Employment Services Principle Standards
D. Community Services Principle Standards
E. Medication Monitoring and Management
F. Seclusion and Restraint
G. Children and Adolescents
H. Employment Services Coordination
I. Employment Planning Services
J. Comprehensive Vocational Evaluation Services
K. Employee Development Services
L. Organizational Employment Services
M. Community Employment Services
N. Personnel Services to Employers
O. Employment Recovery Services
P. Case Management/Services coordination
Q. Child and Youth Services
R. Community Integration
S. Respite Services
T. Community Housing



## Appendix C - Substance Abuse Services 2008 Audit Tool General Benchmarks

<b>Substance Abuse Services 2008 Monitoring Tool General Benchmarks</b> (Information taken from 2008 CARF Behavioral Health Standards)
<b>Section 1. Assess the Environment</b>
Leadership
Input from Persons Served and other Stakeholders
Legal Requirements
Health and Safety
Human Resources
Technology
Rights of Persons Served
<b>Section 2. General Program Standards</b>
Program Structure and Staffing
Screening and Access to Services
Orientation
Assessment
Individual Plan
Transition/Discharge
Pharmacotherapy
Seclusion and Restraint
Records of the Persons Served
Quality Record Review
<b>Section 3. Behavioral Healthcare Core Program Standards</b>
Outpatient Treatment
Intensive Outpatient Treatment
Therapeutic Communities
<b>Section 4. Behavioral Health Specific Population Designation Standards</b>
Child and Adolescents
Criminal Justice

## Appendix D - Overview of Areas Out-of-Compliance for Craggy and North Piedmont According to the 2008 SAS Prison Review Tools

Overview of Areas Out of Compliance for Craggy and North Piedmont According to the 2008 SAS Review Tools			
Question #	Questions / Parts of Questions Out-of-Compliance	Craggy	North Piedmont
2	Organization balances expectations of persons served and other stakeholders	X	X
5	Organization gets input on an ongoing basis from persons served, personnel, other stakeholders	X	
6	Organization complies with requirements for corporate status and mandatory employee testing	X	
8	Personnel receive competency-based training upon hire; and personnel receive training in the area of reducing risks; organization documents training	X	X
9	Emergency information for personnel is accessible at the organization	X	
10	Organization identifies trends in personnel turnover; organization demonstrates recruitment and retention efforts	X	X
11	Implementation of technology/system plan that includes hardware, software, backup policies, disaster recovery preparedness, virus protection and support of info management and performance improvement activities	X	X
14	Need better safeguards of records against nature hazards (ex: water damage)		X
19	Need clearly written admission/readmission criteria that includes exclusionary or ineligibility criteria		X
21	each person served receives orientation that includes client rights, grievance procedures, ways input is given in regards to quality of care, achievement of outcomes, and satisfaction of the person served	X	X
22	Assessments are conducted by qualified personnel who are knowledgeable to assess specific needs of persons served and are trained in the use of applicable tools	X	
23	Assessments include info obtained from family members and other collateral sources		X
24	primary assessment process gathers info to develop individualized person-centered plan including info about person's diagnosis		X
25	Individual plan is developed		X
26	Individual plan is prepared from assessment info and interpretive summary and specifies svcs to be provided		X
27	individual plan includes goals and identifies specific treatment to be used		X
34	all documents generated that require signature are signed		X
35	individual record includes the person's health history, current medications, documentation of orientation, assessments, and individual plan		X
39	Program provides group counseling	X	
54	All members of team are bound by applicable state and federal confidentiality laws	X	

## Appendix E – 2008 Prison Review – MH Programs Reviewed by Facility

2008 Prison Review - MH Programs Reviewed by Facility	
Facility Name	Program
Alexander Correctional Institution	Residential & Outpatient
Avery-Mitchell Correctional Center	Outpatient
Brown Creek Correctional Institute	Outpatient
Central Prison	Inpatient & Outpatient
Harnett Correctional Institution	Outpatient
Johnston Correctional Institution	Outpatient
McCain Correctional Hospital	Outpatient
Mountain View Correctional Institution	Outpatient
North Carolina Correction Institution for Women	Residential, Outpatient & Inpatient
North Piedmont Correctional Center for Women	Outpatient
Piedmont Correctional Institution	Outpatient
Polk Correctional Institution	Outpatient
Randolph Correctional Institute	Outpatient
Scotland Correctional Institution	Outpatient
Warren Correction Institution	Outpatient